



NOTICE OF APPEAL FROM THE EXAMINER

TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Todd R. Golub, Pablo Tamayo, Margaret Shipp, Eric S. Lander and Jon C. Aster

Serial No.: 09/989,758 Group: 1634

Filed: November 20, 2001 Examiner: D. Gunter

Confirmation No.: 9648

For: DIFFUSE LARGE CELL LYMPHOMA DIAGNOSIS AND OUTCOME PREDICTION BY EXPRESSION ANALYSIS

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

1-2-04 Karen Sabia

Date

Signature

KAREN SABIA

Typed or printed name of person signing certificate

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision dated September 9, 2003 of the Examiner finally rejecting claims 1-5, 8, 15-20 and 37-40. The item(s) checked below are appropriate:

1. Applicants hereby petition to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated September 9, 2003 for one month from December 9, 2003 to January 9, 2004.
2. A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
- Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
- A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for one month	\$ <u>110</u>
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([] mo.)	\$ _____
	Less fee paid ([] mo.)	\$ _____
	Balance of fee due	\$ <u>0</u>
<input checked="" type="checkbox"/>	Notice of Appeal	\$ <u>330</u>
<input type="checkbox"/>	Other _____	\$ _____
		TOTAL \$ <u>440</u>

5. The method of payment for the total fees is as follows:

- A check in the amount of \$440 is enclosed.
- Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Lisa M. Treannie
 Lisa M. Treannie
 Registration No.: 41,368
 Telephone: (978) 341-0036
 Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 1/2/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Todd R. Golub, Pablo Tamayo, Margaret Shipp, Eric S. Lander and Jon C. Aster

Application No.: 09/989,758 Group: 1634

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1-2-04 Karen Sabia

Date Signature

KAREN SABIA

Typed or printed name of person signing certificate

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection Under 37 C.F.R. § 1.116 for filing in the above-identified application.

- Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	16	MINUS * 36	0	X \$ 9 \$ 0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				
INDEP	2	MINUS ** 6	0	X \$43 \$ 0
			+	\$145 \$
OR				
			RATE	ADDITIONAL FEE
			X \$18 \$ 0	
			X \$86 \$ 0	
			+	\$290 \$

* not fewer than 20

** not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		TOTAL: \$ <u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for one month Extension of Time	\$ <u>110</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
	Notice of Appeal	\$ <u>330</u>
		\$ _____
		TOTAL: \$ <u>440</u>

A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
 Lisa M. Treannie
 Registration No.: 41,368
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated:

1/2/04